

STANDARD CERTIFICATE OF DEATH

13446

State File No.

FILED MAY 4 1953

BIRTH NO.		REG. DIST. NO. <u>44</u>		PRIMARY REG. DIST. NO. <u>406</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>Caldwell</u> <u>0130</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Braymer</u> c. LENGTH OF STAY (in this place) <u>6 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u> <u>0130</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Braymer</u> d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>Alfred</u> c. (Last) <u>Wetzel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April</u> <u>20</u> , 1953		5. SEX <u>Male</u> <u>0</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> <u>2</u>		8. DATE OF BIRTH <u>Sept 8th, 1867</u>		9. AGE (In years last birthday) <u>85</u>		10. UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dawn, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Ludwig Wetzel</u>		13b. MOTHER'S MAIDEN NAME <u>Florientina</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Wetzel</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Kenneth Wetzel</u>		ADDRESS <u>Braymer, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Coronary Arteriosclerosis</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Chronic Hypertrophic Prostate</u>				INTERVAL BETWEEN ONSET AND DEATH <u>few months</u> <u>many years</u> <u>many years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 1947</u> to <u>April 20, 1953</u> , that I last saw the deceased alive on <u>Apr. 20, 1953</u> , and that death occurred at <u>6:00 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degrees or title) <u>E. E. Goldberg MD</u>				23b. ADDRESS <u>Braymer, Missouri</u>		23c. DATE SIGNED <u>4-21-53</u>	
24a. BURIAL, CREMATION, REMOVAL, BURIAL (Specify)		24b. DATE <u>4-23-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Plymouth Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Braymer, Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-30-53</u>		REGISTRAR'S SIGNATURE <u>Mrs. Nell B. Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mead Funeral Service</u>		ADDRESS <u>Braymer, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 12 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Bernard F. Mead

Licensed Embalmer No. *2801*

P. O. Address *Drayman*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.